

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097202791**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		①				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15	1					
16	1					
17		1				
18		1				
19		①				
20		①				
21		①				
22		①				
23		①				
24		①				
25		①				
26		①				
27		①				
28		①				
29		①				
30	1					
31	1					
32		1				
33		1				
34		①				
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36		①				
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38		①				
39		①				
40		①				
41		①				
42		①				
43		①				
44		①				
45	1					
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	39					
TOTAL CLAIMS	43					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						